Revision:	HCFA-PM-91 August 199		(BPD)	OMB No.: 0938-		
State/Territory:Colorado						
Citation	3.1(a)(9)	Amount, Duration, and Scope Services (Continued)	of Services: EPSDT		
42 CFR 441.	60	/ <u>X</u> /	The Medicaid agency has in efcontinuing care providers. Desmethods employed to assure the with their agreements.	scribed below are the		
			Methods employed to assure proidentified in the respective continuing care providers (e.g. audits and SURs Reports).	ve contract(s) with		
42 CFR 440.		(10)	Comparability of Services			
	d 1902		Except for those items or sections 1902(a), 1902(a)(10), 1925 of the Act, 42 CFR 440.25 245A of the Immigration and Napermit exceptions:	1903(v), 1915 and O, and section		
		(i)	Services made available to the are equal in amount, duration categorically needy person.			
		(ii)	The amount, duration, and sca available to the categorically greater than those made availa needy.	needy are equal to or		
,		(iii)	Services made available to the equal in amount, duration, and in a medically needy coverage	scope for each person		
·			Additional coverage for pregnand services for conditions the pregnancy are equal for catego needy.	at may complicate the		
TN No Supersedes TN No	ー ー ー ー ー ー ー ー ー ー ー ー ー ー ー ー ー ー ー	roval	Date 6/16/92 Eff	ective Date <u>10/1/91</u>		
	· •			HCFA ID: 7982E		

Revision: HCFA-AT-80-38 (BPP) May 22, 1980

State	of Colorad	io			
Citation 42 CFR Part 440, Subpart B	3.1(b)	Home health services are provided in accordance with the requirements of 42 CFR 441.15.			
42 CFR 441.15 AT-78-90 AT-80-34		(1)	Home health services are provided to all categorically needy individuals 21 years of age or over.		
		(2)	Home health services are provided to all categorically needy individuals under 21 years of age.		
			<u>∕</u>		
*	• •		Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.		
		(3)	Home health services are provided to the medically needy:		
	•				
			Yes, to individuals age 21 or over; SNF services are provided		
			Yes, to individuals under age 21; SNF services are provided		
			∠ No; SNF services are not provided		
			Not applicable; the medically needy are not included under this plan		

TN <u>‡ 77-4</u> Supersedes	Approval Date 1/28/77	Effective Date 1/1/77
IN #	//	

Revision: HCFA-PM-93-8 (BPD)

December 1993

State/Territory: ___COLORADO

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR 431.53 (c)(1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT

3.1-D.

42 CFR 483.10 (c)(2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (i).

TN No. 44-004
Supersedes 07-1
Approval Date 1-5-94
Effective Date October 1, 1993

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State of Colorado

Citation 42 CR 440.260 AT-78-90

3.1(d) Methods and Standards to Assure Quality of Services

> The standards established and the methods used to assure high quality care are described in ATTACHMENT 3.1-C.

IN <u>‡ 77-4</u> Supersedes TN #_

Approval Date 1/28/77 Effective Date 1/1/77

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State

of Colorado

Citation 42 CFR 441.20 AT-78-90

3.1(e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

Supersedes TN 🛊

Approval Date 1/28/77 Effective Date 1/1/71

(BERC) Revision: HCFA-PM-87-5

APRIL 1987

OMB No.: 0938-0193

State/Territory:

COLORADO

Citation 42 CFR 441.30 AT-78-90

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

/ / Yes.

/ / No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

/X/ Not applicable. The conditions in the first sentence do not apply.

1903(i)(1) of the Act. P.L. 99-272 (Section 9507)

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

/XX Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners' who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

Under EPSDT, transplants are provided if determined to be medically necessary and to the extent that FFP is available.

TN No. 92-03 Supersedes **TN No.** 87-13

Approval Date Effective Date

HCFA ID: 1008P/0011P

Revision: HCFA-PM-87-4 **MARCH 1987**

(BERC)

OMB No.: 0938-0193

State/Territory:

COLORADO

Citation

42 CFR 431.110(b) AT-78-90

3.1 (g) Participation by Indian Health Service Facilities Indian Health Service facilities are accepted as

providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.

1902(e)(9) of the Act, P.L. 99-509 (Section 9408) (h) Respiratory Care Services for Ventilator-Dependent Individuals

Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who --

- (1) Are medically dependent on a ventilator for life support at least six hours per day;
- (2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of --

/ / 30 consecutive days;

- _ days (the maximum number of inpatient days allowed under the State plan);
- (3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made;
 - (4) Have adequate social support services to be cared for at home; and
 - (5) Wish to be cared for at home.
 - // Yes. The requirements of section 1902(e)(9) of the Act are met.
 - /X/ Not applicable. These services are not included in the plan.

TN No. Supersedes TN No. 8

Approval Date

Effective Date

HCFA ID: 1008P/0011P

_vision: HCFA-PM-91-

(MB)

1991

State/Territory: Colorado

Citation 1905(a)(24) and 1930 of the Act P.L. 101-508 (Section 4712 OBRA 90)

3.1(1)

Community supported living arrangements services

Community supported living arrangements services provided to developmentally disabled individuals in accordance with section 1930 of the Act.

Yes.

XX No.

Attachment 3.1-F identifies the community supported living arrangements services provided.

AUG 5 1996

o. 96-005 rcedés o. 92-26

Approval Date 08/09/96

Effective Date 11-96